Greeley Housing Authority/Weld County Housing Authority PO Box 130 Greeley, CO 80632 Fax 970-346-7690 www.greeley-weldha.org

VERIFICATION OF CHILDCARE EXPENSES

Date

To be completed by the Client:

Applicant Name _____

Address:

Social Security Number _____

Phone Number _____

I authorize the release of the following requested information regarding childcare expenses to the Greeley/Weld Housing Authorities.

Signature

Address

Phone #

Warning: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements of misrepresentations to any Department or Agency of the United States as to any Matter within its jurisdiction.